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Telephone Support During Overseas Deployment for Military Spouses

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14. ABSTRACT Deployment impacts both service member and family, and the cost can be high. Spouses' reactions to deployment may include emotional distress, loneliness, anticipatory fear or grief, somatic complaints, and depression. The goal is to help spouses learn ways to manage stress and solve problems related to deployment and reintegration, communication, managing long distance relationships, and other common problems. The study will compare telephone support groups to online education sessions. The study has enrolled 161 spouses. In the Telephone Support groups, a group leader and participants meet 12 times over six months to focus on education, skills building and support. Education Only online sessions provide the same education content, without skills building or support. Content includes strategies to reduce or eliminate communication difficulties during deployment, how to find help; practical concerns during deployment; fostering resilience and decreasing stress; fostering relationships while apart, negotiating roles and relationships; changes during deployment; strategies to support the spouse and the service member; and cues to alert spouses when to seek mental health services for the family or themselves. Outcomes include resilience, depression, anxiety and coping behaviors. Telephone data collection is conducted at baseline, six and twelve months.					
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INTRODUCTION:

Deployment impacts both service member and family, and the cost can be high. Spouses' reactions to deployment may include emotional distress, loneliness, anticipatory fear or grief, somatic complaints, and depression. Spouses may also be stressed by single-parenting, learning skills such as home repairs, making decisions alone, and lack of communication with the service member. Assistance during deployment can also help with reintegration post deployment. This randomized clinical trial will examine two interventions designed to help spouses manage deployment and prepare for reintegration. The study has enrolled 161. In the Telephone Support groups, a group leader and participants meet 12 times over six months to focus on education, skills building and support. Education Only online sessions provide the same education content, without skills building or support. Outcomes include resilience, depression, anxiety, and coping behaviors.

BODY:

Completed Tasks	
Task 1: Develop Manual of Operations (MOP) – completed Year 1, April, 2011– March, 2012	
Task 2: Obtain IRB and HRPO approval – Completed, Year 1, April, 2011– March, 2012, Q3, October-December, 2011	
Task 3: Print approved materials – Completed, Year 1, April, 2011– March, 2012, Q3, October-December, 2011	
Task 4: Hire and train personnel – Initially Completed Year 1, April, 2011 – March, 2012; Replacement staff hired and trained Year 2, April, 2012 – March, 2013, Q6, July – September, 2012	
Task 5: Recruit and Randomize – 161 spouses recruited and randomized, 227 screened. Completed December, 2013	

		Year 3, April, 2013 – March, 2014
Tasks and Activities		Q12 Progress, January – March 2014
Task 6: Intervention 1 (Telephone Support Groups)		
6.a Schedule and provide Telephone support groups for 80 participants, 10 in each group		3 groups ongoing – three sessions left to complete groups
Milestone 6 Groups provided every 2 weeks for 6 months		
Task 7: Intervention 2 (Online Education/Webinar Sessions)		
7.a Schedule and provide webinar sessions for 80 participants		Sessions ongoing and posted
Milestone 7 Sessions provided every 2 weeks for 6 months		
Task 8: : Data Collection/Data Entry/Cleaning		
8.a Collect data at baseline, six and twelve months		117 6 month follow-ups, 72 12 month follow-ups, and 85 project evaluations collected
Milestone 8.a: All baseline		161 baselines collected

data collected	
8.b Enter and clean data	All data to date entered and cleaned
Milestone 8 Completed data entry	
Task 9: Data Analysis	
9.a Analyze Data	
Milestone 9(a) Completed data analysis	<ul style="list-style-type: none"> • Baseline demographics analyzed (see Appendices) • Preliminary baseline analysis begun (see beginning draft manuscript in Appendices)
Task 10: Prepare and Disseminate Results	
10.a Prepare papers and presentations	<ul style="list-style-type: none"> • 4 presentations • 1 grant proposal • 1 manuscript in preparation

KEY RESEARCH ACCOMPLISHMENTS:

- Recruitment completed
- Baseline analysis begun
- Decision making strategies change with deployment
 - Most couples make decisions together
 - In general, spouses take on more responsibility, dependent on category of decision
 - However, many couples do not change their patterns of decision making
- Communication strategies
 - Spouses using a variety of strategies to communicate with service members.
 - Satisfaction is generally good but there are multiple problems that make communication stressful (e.g., connection difficulties, unpredictability)

REPORTABLE OUTCOMES:

Baseline data

- Table 1. Baseline Characteristics of Deployed Spouses
- Table 2. Baseline Characteristics of Deployed Service Members
- Table 3. Baseline Coping Methods of Deployed Spouses
- Table 4. Baseline Stress of Military Family Life
- Table 5. Baseline Communication Methods

Presentations (available upon request)

- Nichols, L. Caregiving: Research, Translation and Practice. University of Michigan Geriatrics Retreat, Human Research across the Translational Spectrum: From the Lab to the Real World. Ann Arbor, May 31, 2013.
- Nichols, L, Martindale-Adams, J. Caregiving: Research, Translation and Practice. VA Memphis, Medical Staff Meeting, September 11, 2013.

- Nichols, LO and Martindale-Adams, J. Resources for Enhancing Caregivers' Health and Spouse Support. National VA Teleconference, VA TMS Item Number: VA- 19620 / 14.F2F.MA.CA.CASUP.VC.A. December 19, 2013.
- Nichols, L, Martindale-Adams, J. Telephone Support during Overseas Deployment for Military Spouses). U.S. Army Military Operational Medicine Research Program (MOMRP)/Joint Program Committee for Military Operational Medicine (JPC5) In Progress Review, March 26, 2014.

Grant proposal

Family members, particularly parents, have contacted us to request assistance while their children are deployed and after deployment.

- Interventions for Parent Caregivers of Injured Military/Veteran Personnel. To be submitted in May to Military Operational Medicine Research Program (MOMRP). Abstract attached.

Draft manuscript

- Decision Making During the Deployment Cycle

CONCLUSION:

None to date

REFERENCES and SUPPORTING DATA: N/A

APPENDICES:

Item

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Baseline Data Tables

- Table 1. Baseline Characteristics of Deployed Spouses
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- Table 4. Baseline Stress of Military Family Life
- Table 5. Baseline Communication Methods

Grant proposal abstract

Draft manuscript

- Decision making during the deployment cycle

Quad chart

Table 1. Baseline Characteristics of Deployed Spouses

Variable	Total n = 161 M ± SD or %	Support n = 80 M ± SD or %	Webinar n = 81 M ± SD or %	p-value^a
Demographic				
Female	97.5	97.5	97.5	>.99
Age, years	35.6 ± 8.2	35.6 ± 8.4	35.5 ± 8.1	.91
Years married	8.6 ± 7.3	8.8 ± 7.1	8.4 ± 7.5	.77
Years cohabitated	9.3 ± 7.3	9.5 ± 7.1	9.2 ± 7.5	.79
Children, number	1.6 ± 1.2	1.5 ± 1.2	1.7 ± 1.2	.39
Race				.80
White	79.5	78.8	80.2	
Black	8.1	10.0	6.2	
Native American	1.9	2.5	1.2	
Asian/Pacific Islander	3.7	2.5	4.9	
Other	6.8	6.3	7.4	
Ethnicity, Latino/a	15.5	18.8	12.3	.26
Education, years	15.2 ± 2.2	15.1 ± 2.2	15.3 ± 2.3	.58
Employed, full-time or part-time	55.3	56.3	54.3	.81
Household income, monthly	6505 ± 7717	7327 ± 10525	5709 ± 3092	.24
Military service	14.9	15.0	14.8	.97
Clinical				
General health (0-4)	2.5 ± 0.8	2.6 ± 0.9	2.5 ± 0.8	.67
Depression (0-27)	6.1 ± 5.0	5.5 ± 4.3	6.6 ± 5.5	.17
Major Depression	11.8	5.0	18.5	.008
Anxiety (0-21)	6.6 ± 4.8	6.0 ± 4.4	7.3 ± 5.2	.08
Quality Marriage Index (6-45)	38.0 ± 7.7	38.1 ± 8.4	38.0 ± 7.0	.98
Social support (12-84)	59.6 ± 16.7	60.9 ± 17.4	58.3 ± 16.1	.34
Personal coping (8-40)	32.8 ± 4.3	33.0 ± 3.8	32.5 ± 4.6	.48
Family coping (6-30) ^b	26.1 ± 3.6	26.2 ± 3.2	26.1 ± 3.9	.97
Social readjustment (0-474)	149.2 ± 86.0	162.9 ± 85.6	135.7 ± 84.7	.04

Variable	Total n = 161 M ± SD or %	Support n = 80 M ± SD or %	Webinar n = 81 M ± SD or %	p-value^a
Resilience (0-100)	75.7 ± 11.6	75.4 ± 11.5	75.9 ± 11.8	.80

Note: Depression = PHQ-9, Anxiety = GAD-7, Social readjustment = SRRS, Resilience = CD-RISC

^a p-values estimated by independent samples t-tests or chi-square tests as appropriate to compare study arms Support and Webinar.

^b N = 102 and n = 49, 53 respectively. This scale is only assessed with participants who have children living in the home.

Table 2. Baseline Characteristics of Deployed Service Members

Variable	Total n = 161 M ± SD or %	Support n = 80 M ± SD or %	Webinar n = 81 M ± SD or %	p-value^a
Demographic				
Age, years	36.0 ± 8.1	36.0 ± 8.3	36.0 ± 8.0	.95
Branch of service				.12
Army	23.0	30.0	16.0	
Army Guard/Reserve	22.4	20.0	24.7	
Navy	34.8	32.5	37.0	
Naval Reserve	2.5	5.0	0.0	
Air Force	7.5	5.0	9.9	
Air Guard/Reserve	1.2	0.0	2.5	
Marines	8.7	7.5	9.9	
Marine Reserve	0.0	0.0	0.0	
Class				.61
Non-commissioned officer	45.3	46.3	44.4	
Commissioned officer	26.1	23.8	28.4	
Senior NCO	20.5	21.3	19.8	
Junior enlisted	6.8	8.8	4.9	
Warrant officer	1.2	0.0	2.5	
Years in military	12.6 ± 7.5	12.2 ± 8.0	13.1 ± 7.1	.47
Deployment				
Months into deployment	3.3 ± 2.7	3.1 ± 2.1	3.4 ± 3.2	.47
Deployments ever, number	3.4 ± 2.6	3.5 ± 2.3	3.4 ± 2.9	.82
OEF/OIF deployments, number	2.0 ± 1.7	2.0 ± 1.5	2.1 ± 1.8	.54
Previous deployments, number	1.4 ± 2.1	1.5 ± 2.0	1.3 ± 2.2	.46
Injured	19.9	22.1	17.7	.50

^a p-values estimated by independent samples t-tests or chi-square tests as appropriate to compare study arms Support and Webinar.

Table 3. Baseline Coping Methods of Spouses

Variable	Total n = 161 M ± SD
Adaptive	
Acceptance	6.6 ± 1.5
Self-distraction	6.1 ± 1.6
Positive reframing	5.7 ± 1.6
Active coping	5.5 ± 1.7
Planning	5.2 ± 1.8
Religion	5.2 ± 2.3
Emotional support use	4.7 ± 1.7
Instrumental support use	4.3 ± 1.7
Humor	3.8 ± 1.8
Maladaptive	
Venting	3.5 ± 1.3
Self-blame	3.1 ± 1.4
Behavioral disengagement	2.4 ± 0.9
Substance use	2.3 ± 0.9
Denial	2.2 ± 0.6

Note: Measured using the Brief COPE. All subscales range from 2 to 8: 2 = I haven't been doing this at all, 4 = I've been doing this a little bit, 6 = I've been doing this a medium amount, 8 = I've been doing this a lot.

Table 4. Baseline Stress of Military Family Life Questions

Variable	Moderately or Very Stressful %
All Military	
Combat deployment/assignment for SM (n=142)	87.3
Non-combat deployment/assignment with SM away from home (n=143)	65.0
Uncertainty about future deployments/assignments (n=155)	60.6
Combat-related injury to SM (n=22)	72.7
Non-combat injury to SM from carrying out duties (n=49)	59.2
Caring for your ill, injured, disabled SM (n=33)	57.6
Intensified training schedule for SM (n=143)	66.4
Increased time SM spent away from fam/friends to perform duties (n=158)	75.3
Family conflict over whether SM should remain in military (n=104)	42.3
Difficulty balancing family life and SM's military duties (n=146)	52.7
Permanent change of station (PCS) (n=87)	64.4
Guard and Reserve Only	
Unpredictability of when SM will be activated for duty (n=71)	64.8
Change in family financial situation due to SM's active duty (n=79)	36.7
Concern over SM's employment when deactivated (n=72)	52.8
Concern over continuity of access to healthcare for family (n=71)	46.5

Note: Stress of Military Family Life questions are from the Navy & Marine Stress of Life Index.

Table 5. Baseline Communication Methods

Variable	Total Using %	Moderately or Very Satisfied Using Method %
Letters	60.9	66.3
Phone calls	90.7	84.2
Text messages	48.4	82.1
Email	91.9	87.2
Instant messaging	49.1	86.1
Social networking site	62.7	78.2
Video conferencing	74.5	77.5
Blogging	1.9	0.0
Other method	6.2	90.0
	Total Reporting %	Moderately or Very Stressful %
Had problem communicating with SM	70.2	79.5

Grant Abstract - Parent/family caregivers of military personnel

Background: For the current conflicts, the high operational tempo and its repeated deployments have had significant effects on service members. Over 103,792 individuals have been diagnosed with PTSD and 253,330 with TBI. Almost half (49.3%) of active military members are 25 years of age or younger, with the highest percentage of younger members in the Marines (68.5%) and 43.3% are unmarried. For many young and unmarried military service members, parents and, to a lesser extent, other family members, provide care ranging from full care to supervision. This group of individuals, focusing on parents, are frequently at a loss as to how to cope with changes in their child.

Hypotheses: REACH (Resources for Enhancing All Caregivers Health) individual Sessions, compared to Education Webinars, will be more effective in improving outcomes, including depression, anxiety, burden, coping and self-efficacy. Telephone Support Groups (based on Spouse Telephone Support (STS)), compared to the webinar attention control study arm, will be more effective in improving outcomes, including depression, anxiety, resilience, coping and self-efficacy.

Specific Aims: Aims include: 1) assess feasibility; 2) determine participant satisfaction; 3) determine participant adherence to therapeutic recommendations; and 4) determine changes in parent/family caregivers' outcomes; and 5) develop dissemination materials.

Study Design: This randomized clinical trial will test two established interventions to provide education, training in coping skills, and support to parent/family member caregivers of military personnel (active duty, Guard, Reserve) who are post deployment. The two active interventions are research based and currently implemented nationally in the VA system for caregivers. The two study arms are: REACH individual sessions and webinar education sessions, which are analogous to the usual standard of care. Each arm will have 80 participants, for a total of 160 participants. Telephone data collection will be conducted at baseline, three and six. Outcome variables include depression, anxiety, burden, coping and self-efficacy, and participant satisfaction, focusing on utility and support.

Relevance: The caregiving population targeted in this study is underserved by VHA and DoD; frequently privacy laws prohibit them from even an understanding of the issues facing their child. However, with the large number of unmarried and young service members, parents frequently shoulder a large portion of care. For example, PTSD caregivers' care burden similar to dementia and chronic schizophrenia caregivers

Decision Making During the Deployment Cycle

One question of interest was how couples make decisions during deployment. There were no currently established instruments available so we developed a Household Decisions questionnaire. The measure focused on the types of decisions being made and who is making the decision. With the great distance separating the couple the spouse may take on the responsibility of making every decision, or still rely on input from the Service Member even though she/he is away.

The measure is made up of 8 total items asking about subjects such as minor household decisions (e.g., fixing the washing machine), major household decisions (e.g., replacing a car), financial decisions (e.g., budget, debt repayment), and decisions about children (e.g., medical, educational, discipline). Each of these items is asked about during deployment and while the Service Member was home.

Items are scored as 0 (I decide without the Service Member's input), 1 (I decide with the Service Member's input), 2 (We decide together), 3 (the Service Member decides with my input), or 4 (the Service Member decides without my input). "Primary responsibility" for the spouse or service member is defined as deciding with or without the other partner's input.

Several patterns of responses were possible. Spouses and service members could continue to use the same pattern of decision making during deployment as when the service member was home or they could change the pattern of decision making during deployment, giving either the spouse or the service member more responsibility in decision making.

For data analysis, decision making strategies while the service member was at home and deployed were compared for each category of decision using McNemar's chi-square test.

Minor Household Decisions

For minor household decisions, data were available for 158 spouses. The pattern of decision making while the service member was home typically involved both partners with 92 spouses (58.2%) reporting deciding together (see Figure 1). Spouse primary responsibility was reported by 29 spouses (18.4%) who made the decision with the service member's input, and 11 spouses (7.0%) who made the decision without the service member's input. The service member made the decision with the spouse's input for 22 couples (13.9%) and four service members alone (2.5%) made the decisions.

When the service member was deployed, 30 spouses (19.0%) reported deciding together. Eighty spouses (50.6%) made the decision without the service member's input and 43 spouses (27.2%) reported making the decision

Figure 1. Decision Making While at Home and During Deployment – Minor Household Decisions

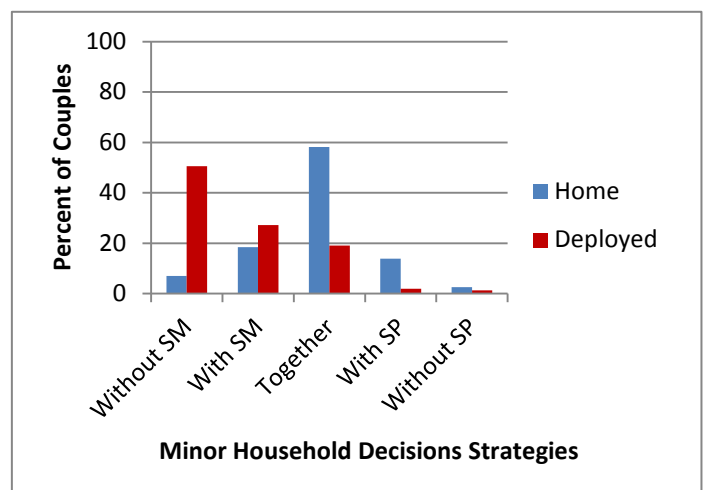
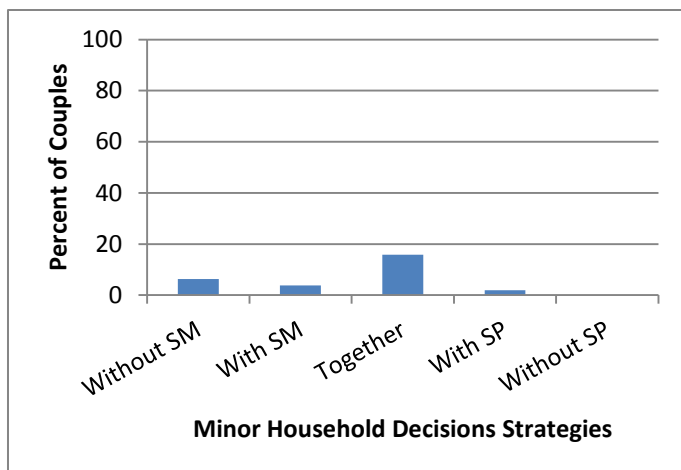


Figure 2. No Change in Decision Making from Home to Deployment – Minor Household Decisions



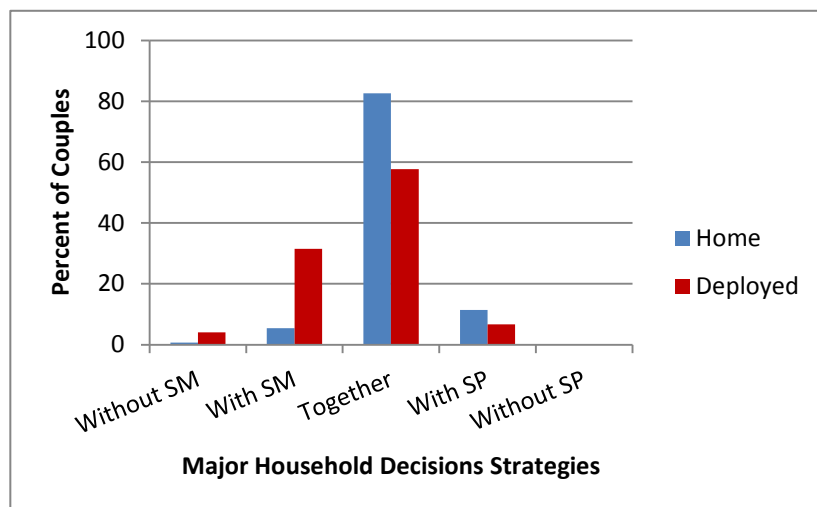
58.2% of decisions were joint, while 25.3% were made by the spouse. During deployment, 19% of decisions were made together, while 77.8% were made by the spouse, either with or without the service member's input. While the service member was home, 16.5% made the minor household decisions, either with or without the spouse's input; during deployment this dropped to 3.2%

Although it was clear that patterns of decision making changed for many families during deployment with the spouse generally taking on more responsibility for decisions, slightly more than a quarter (27.8%) of couples did not change their decision making patterns with deployment, as shown in Figure 2.

Major Household Decisions

For major household decisions, data were available for 149 spouses. The pattern of decision making while the service member was home typically involved both partners with 123 spouses (82.6%) reporting deciding together. Eight spouses (5.4%) had primary responsibility, making the decision with the service member's input, and 1 spouse (0.7%) made the decision without the service member's input. The service member made the decision with the spouse's input in 17 families (11.4%) and no service members alone made the decisions. (See Figure 3.)

Figure 3. Decision Making While at Home and During Deployment – Major Household Decisions



When the service member was deployed, 86 spouses (57.7%) reported deciding together. Only 6 spouses (4.0%) made the decision without the service member's input while 47 spouses (31.5%)

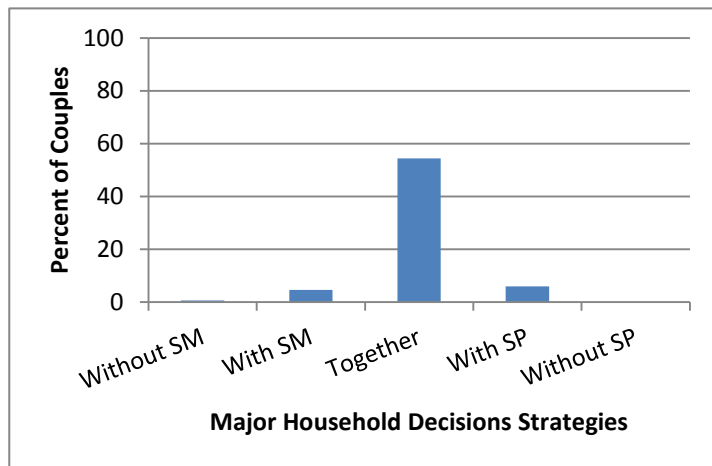
with the service member's input. Three spouses (1.9%) reported that the service member made the decision with the spouse's input and two spouses (1.3%) reported that the service member alone made the decisions.

There was a statistically significant difference between how decisions were made about minor household decisions while the service member was at home and during deployment ($p < .001$).

While the service member was home,

reported making the decision with the service member's input. No service members alone made the decisions and 10 service member (6.7%) made the decision with the spouse's input.

Figure 4. No Change in Decision Making from Home to Deployment – Major Household Decisions

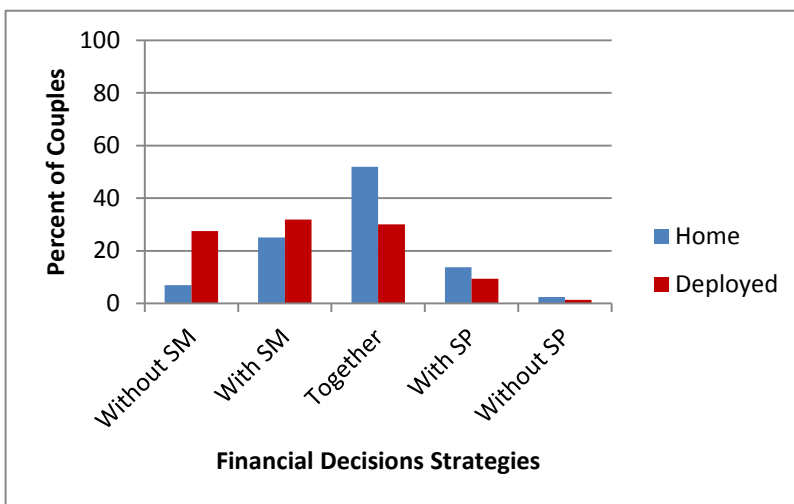


making did not change with deployment (Figure 4).

Most couples made major household decision made jointly whether during deployment (57.7%) or while the service member was home (82.6%). For spouses, 35.5% made the decision during deployment while only 6% made the decision while the service member was home. While at home, 11.4% of service members made major household decisions; this dropped to 6.7% during deployment. There was a statistically significant difference between how decisions were made about major household decisions while the service member was at home and during deployment ($p < .001$), although for 2/3 of families (65.8%), patterns of decision

Financial Decisions

Figure 5. Decision Making While at Home and During Deployment – Financial Decisions



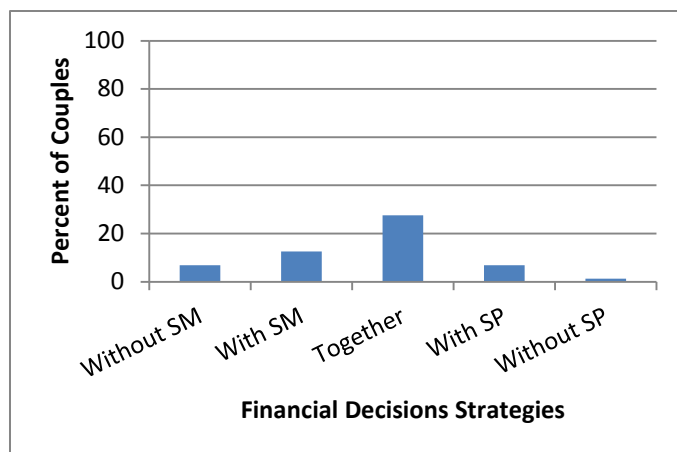
For financial decisions, data were available for 160 spouses. The pattern of decision making while the service member was home typically involved both partners with 83 spouses (51.9%) reporting deciding together. Forty spouses (25.0%) made decisions with the service member's input, and 11 spouses (6.9%) made the decision without the service member's input. Four service members alone (2.5%) made the decisions and 22 service members (13.8%) made decisions with the spouse's input. (See Figure 5.)

When the service member was deployed, 48 spouses (30.0%) reported deciding together. Primary responsibility fell to 51 spouses (31.9%) making decisions with the service member's input, and 44 spouses (27.5%) making decisions without the service member's input. Primary responsibility by

15 service members (9.4%) made the decision with the spouse's input and two service members alone (1.3%) made the decisions.

There was a statistically significant difference between how decisions were made about finances while the service member was at home and during deployment ($p < .001$). Most couples made financial decisions jointly while the service member was home (51.9%); during deployment, only 30% made the decision together. Most spouses (59.4%) reported having primary responsibility for financial decisions during deployment; only 31.2% had this responsibility while the service member was home. For service members, 16.3% had primary responsibility while at home and 10.7% primary responsibility during deployment. For more than half of families (55.0%), patterns of decision making did not change with deployment (Figure 6).

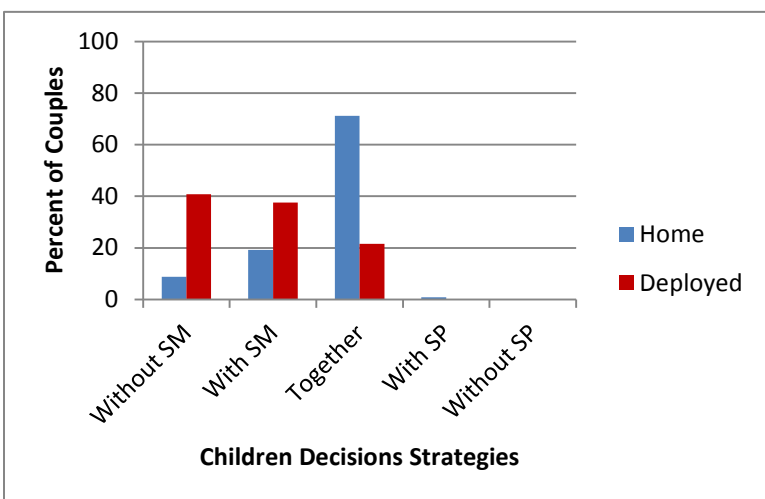
Figure 6. No Change in Decision Making from Home to Deployment – Financial Decisions



Decisions about Children

For decisions about children, data were available for 125 spouses. The pattern of decision making

Figure 7. Decision Making While at Home and During Deployment –Decisions about Children



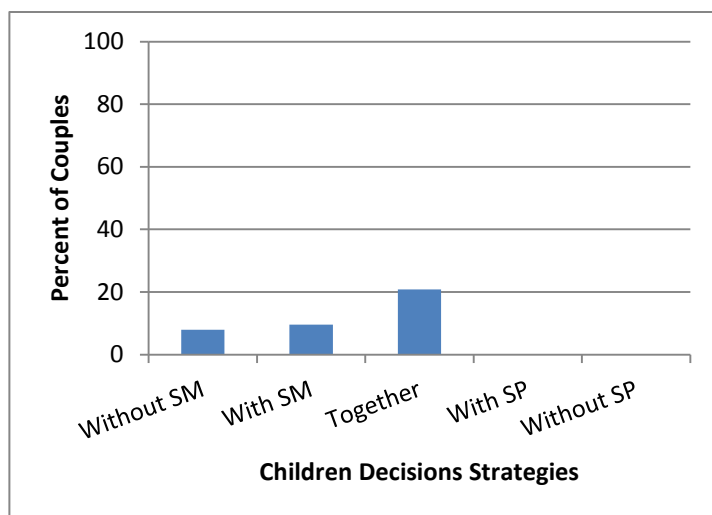
while the service member was home typically involved both partners with 89 spouses (71.2%) reporting deciding together. Service member input was used by 24 spouses (19.2%) in decision making. Eleven spouses (8.8%) made the decision without the service member's input. One service member made the decision with the spouse's input (0.8%) and no service members alone made the decisions. (See Figure 7.)

When the service member was deployed, 27 spouses (21.6%) reported deciding together. Primary

responsibility shifted to the spouse with 47 spouses (37.6%) making the decision with the service member's input and 51 spouses (40.8%) making the decision without the service member's input. No service members alone made the decisions and no service members made the decision with the spouse's input.

For decisions about children, there was a statistically significant difference between how decisions were made while the service member was at home and during deployment ($p < .001$). Most

Figure 8. No Change in Decision Making from Home to Deployment – Financial Decisions



families made decisions jointly while the service member was home (71.2%); during deployment, only 21.6% of spouses reported deciding together. When the service member was home, 28% of spouses had primary responsibility for children's decisions, while only one service member (0.8%) had primary responsibility. During deployment, the percent of spouses with primary responsibility increased to 78.4%. For a third of families (38.4%), patterns of decision making did not change with deployment (Figure 8).

Levels of Responsibility

With deployment, spouses generally took on more responsibility, especially for minor household decisions or decisions that needed immediate input and response, such as decisions about children and financial decisions (Figure 9). This change in responsibility level tended to be at the smallest increment possible. In other words, spouses who decided together with the service member at home tended to decide with the service member's input during deployment rather than to decide without the service member's input. All four household decision categories had statistically significant differences between how decisions were made while the service member was at home and during deployment. In general, neither at home nor during deployment did service members have the level of primary responsibility for any of the categories of decisions that spouses had. While at home service members had the most responsibility in minor household decisions (16.5%) and financial decisions (16.3%), slightly less in major household decisions (11.4%) and the least in decisions about children (0.8%). Service members retained primary responsibility most often for financial decisions (10.7%), followed by major household decisions (6.7%) and minor household decisions (3.2%) with no service members retaining primary responsibility for children decisions (Figure 10). For major household decisions, and to a lesser extent, financial decisions, spouses and service members tended to decide together and the differences between patterns of responsibility from home to deployment were not as extreme (Figure 11).

Figure 9. Decisions Made with Spouse Primary Responsibility – Home and Deployment

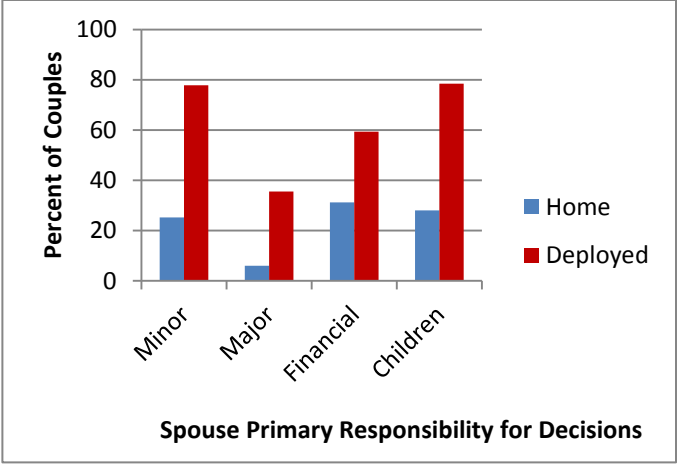
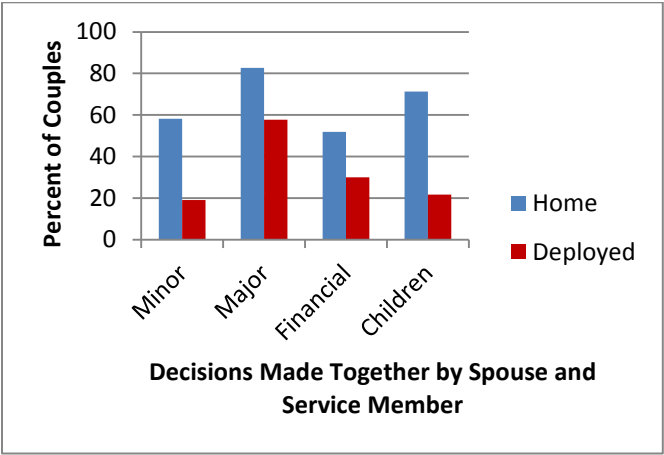
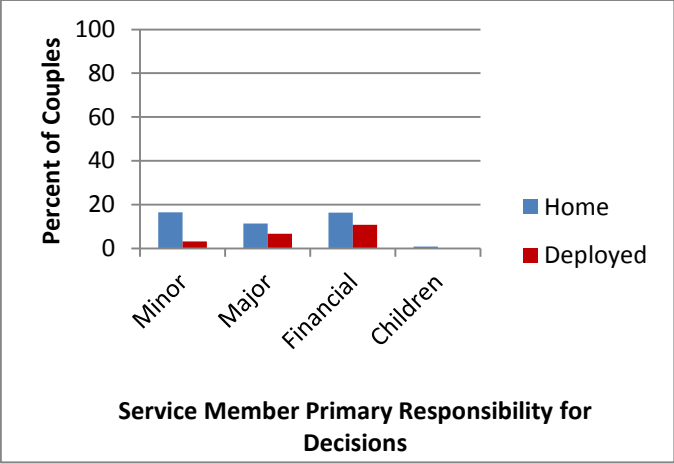


Figure 10. Decisions Made with Service Member Primary Responsibility – Home and Deployment



Telephone Support During Overseas Deployment for Military Spouses W81XWH-11-2-0087, 10020008, DHP CSI



PI: Nichols **Org:** VA Medical Center, Memphis TN **Award Amount:** \$1,016,828

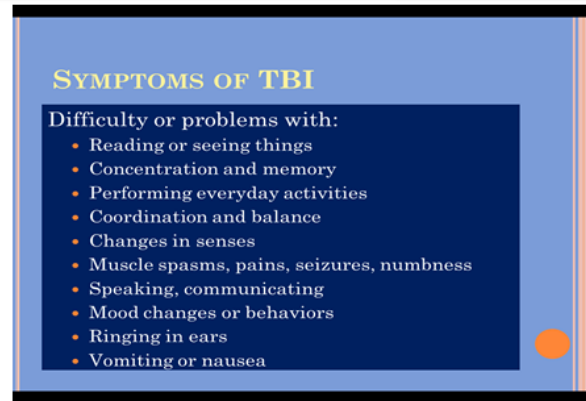
Study/Product Aim(s)

- Determine satisfaction
- Determine commitment and adherence to therapeutic recommendations
- Determine whether telephone support groups significantly improve outcomes, compared to educational webinars
- Develop a manual for clinical translation

Approach

Randomized clinical trial of 160 spouses, half in each study arm. Compare webinar sessions (the usual standard of care) to more intensive telephone support groups. For the telephone support arm, each group of spouses will have 12 one-hour telephone support groups focusing on education, skills building and support over six months. For the education group, spouses will view online webinars. Data are being collected at baseline, 6 and 12 months.

Slide from one of the Webinars



Accomplishments: Recruitment completed; 161 spouses enrolled and randomized; all baseline data collected; three Support groups ongoing

Timeline and Cost

Activities	StudyY	1	2	3	4
		4/11-3/12	4/12-3/13	4/13-3/14	4/14-3/15
Finalize manual, obtain approvals, print materials					
Recruit subjects					
Administer interventions					
Collect, analyze, process and publish data					
Estimated Budget (\$K)		\$90	\$332	\$340	\$254

Goals/Milestones

- ☒ Finalized Manual of Operations (MOP) including telephone support group topics and scripts and online education/webinar sessions topics and scripts, screening forms and scripts, data collection forms, scripts and documentation
- ☒ Obtained IRB and HRPO approval
- ☒ Printed approved materials
 - 2500 brochures 190 Workbooks
- ☒ Hired/Trained personnel
- ☒ Recruited, enrolled and randomized subjects (Total: 161 spouses)
- ☐ Administer intervention 1 (telephone support groups)
- ☐ Administer intervention 2 (online education/webinar)
- ☐ Collect, analyze and process data
- ☐ Publish data

Comments/Challenges/Issues/Concerns

- None

Budget Expenditure to date

Projected expenditure: 762,331.43 Actual Expenditure: \$182,619.52 (as of 03/31/14)